									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECOR								10726366				
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												R THAN
T	OTAL CLAIMS	3	11a			<u> </u>	. :	TYPE	1 555	JOH		ENTITY
FOR ·			NUMBER FILED NUM			BER EXTRA		BASIC FE	FEE 385.00	+	RATE	FEE
TOTAL CHARGEABLE CLAIMS			1.6 minus 20= * -			DEN EXTRA	-		385.00	HOR	BASIC FEI	770.00
			1 2					XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PI			RESENT					X43=	ļ	OR	X86=	75%
								+145=		OR	+290=	
									TOTAL	1075		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 26	Minus	- 2	26	* 6		X\$ 9=		OR	X\$18=	300
	Independent	. 6	Minus.	***	3	- 3	ı	X43=			X86=	150
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		ŀ			OR	7.00-	/30
				.:			L	+145=		OR	+290=	
_	10.	<i>p </i>					A	TOTAL DDIT. FEE		OR	ADDIT. FEE	
_	3 _ 70 -	(Column 1)		(Colum		(Column 3)	_					
AMENDMEN! B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 25	Minus	. 2	6.	•		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus		8	*	T	X43=		OR	X86=	·
_	ring) Frede	WATON OF MIC	JUIPLE DEI	ENDENT	CLAIM		T	+145=		OR	+290=	
							_	TOTAL			TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DOIT. FEE		,	ADDIT. FEE	
MEN	`	CLAIMS REMAINING		HIGHE	51		Г		ADDI-	5		ADDI-
		AFTER AMENDMENT		NUMBI PREVIOL PAID FI	JSLY	PRESENT EXTRA		RATE	TIONAL FEE	ı	PATE	TIONAL
	Total .	.25	Minus	-26	2	= <i>O</i>	. [X\$ 9=		OR	X\$18=	
	Independent	<i>D</i>	Minus	6	I	7)	十	X43=			X86+	$\overline{}$
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash		~I	OR	~~~	
29	the entry is set	n 1 le 1000 Mar = -	n ontario ant				Ŀ	145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OPTION OF TOTAL ADDIT. FEE												
T	ure "riighest Num he "Highest Numt	nber Previously Paid per Previously Paid	is For IN THI: For (Total or	5 SPACE is i Independen	less than i) is the i	3, enter "3." nighest number (_		ropriate box			